PTO/SB/21 (09-04)
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OIPE	Application Number	10/636,057
TRANSMITTAL	Filing Date	August 7, 2003
AU6 2 9 2005 (FORM	First Named Inventor	Guy Boudreau
	Art Unit	3671
(to be used for a correspondence after initial filing) Total Number of Pages in This Submission 9	Examiner Name	R. W. Addie
Total Number of Pages in This Submission 9	Attorney Docket Number	2224-00200 DVF

ENCLOSURES (check all that apply)				
Fee Transmittal Form		Drawing(s)	After Allowance Communication	
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Signature	Tallo-			
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Date A	August 26, 2005 Reg.		lo. 47,231	
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August 26, 2005

PTO/SB/17 (12-04V2))
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Effective on 12/08/04. Fees pursuant to the Consolidated Appropriation A 2005 (HE Application Number 10/636,057 FEE TRANSMITTAL Filing Date August 7, 2003 For FY 2005 AUG 2 9 2005 First Named Inventor Guy Boudreau Examiner Name R. W. Addie Art Unit 3671 Applicant claims small entity status. TOTAL AMOUNT OF PAYMENT Attorney Docket No. 2224-00200 DVF METHOD OF PAYMENT (check all that apply) Other (please identify):____ Credit Card Money Order None Check Deposit Account Deposit Account Number: 03-2769 Deposit Account Name: Conley Rose, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Fees Paid (\$) Application Type Fee (\$) Small Entity <u>Fee (\$)</u> Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 130 65 Design 200 100 100 50 160 300 80 Plant 200 100 150 500 600 300 300 150 250 Reissue 100 O n 0 0 Provisional 200 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 100 Each independent claim over 3 (including Reissues) 200 360 180 Multiple dependent claims **Total Claims** Extra Claims **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) _ - 20 or HP = Fee Paid (\$) 0 00.00 Fee (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) 2 - 3 or HP = ____0 x 00.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) ____ / 50 = __ _____ (round up to a whole number) x ____ 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 60.00 Other (e.g., late filing surcharge): 1 mo. ext. fee code 2252 (1.17(a)(1) SUBMITTED BY Registration No. Signature 47,231 Telephone (713) 238-8000 (Attorney/Agent)

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DEREK V. FORINASH

Name (Print/Type)